

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1070
Registered No. 178

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Miami No. 1009 Alderman St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child. Dorris Price { If child is not yet named, make supplemental report, as directed

| | | | | | |
|-------------------------|--------------------|------------------------------------|--------------------|---------------------------|---|
| 3. Sex <u>Female</u> | If plural Births { | 4. Twin, triplet, or other. _____ | 6. Premature _____ | 7. Legitimate? <u>yes</u> | 8. Date of birth <u>July 26, 1932</u> (Month, day, year) |
| | | 5. Number, in order of birth _____ | Full term _____ | | |

| | | | |
|---|--|--|--|
| 9. Full name <u>FATHER Jim Price</u> | | 18. Full maiden name <u>MOTHER Effie Howard</u> | |
| 10. Residence (usual place of abode) <u>Miami, Ariz.</u> (If nonresident, give place and State) | | 19. Residence (usual place of abode) <u>Miami, Ariz.</u> (If nonresident, give place and State) | |
| 11. Color or race <u>Negro</u> | | 20. Color or race <u>Negro</u> | |
| 12. Age at last birthday <u>40</u> Years | | 21. Age at last birthday <u>31</u> Years | |
| 13. Birthplace (city or place) <u>Kainville, Texas</u> (State or country) | | 22. Birthplace (city or place) <u>Marietta, Okla.</u> (State or country) | |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>miner</u> | | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> | |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Miami Copper Co.</u> | | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. | |
| 16. Date (month and year) last engaged in this work _____, 19____ | | 25. Date (month and year) last engaged in this work _____, 19____ | |
| 17. Total time (years) spent in this work _____, 19____ | | 26. Total time (years) spent in this work _____, 19____ | |

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months _____ or weeks _____ } 29. Cause of stillbirth _____

Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive and born alive on the date above stated
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Given name added from a supplemental report. _____ (Date of) _____

(Signed) Cyril M. Brown M.D.

or _____ Midwife

Address Miami, Arizona

Filed Aug 20, 1932 C. B. Green Registrar.

475-0726-584